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Field Trip Reservation Form

Your reservation will be final this form is received. This reservation agreement must be filled out and signed below. Mail to the Children's Museum Shoals no later than 2 weeks prior to trip.

Contact Information:

Today's Date _____ School/ Organization _____

Address _____ City _____ St _____ Zip _____

School Principal/ Administrator _____ Teacher _____

Email _____ School Phone _____ Cell _____

Field trips can accommodate a minimum of 10 and a max of 30 per group. Field trips can be scheduled Wednesday-Friday 9:00 am- 2:30 pm

Grade level and/or age attending _____ Number of Students _____

Date Preferences: First choice date _____ Second choice date _____

Time Preference: _____ 10:00 am - 11:30 am _____ 11:30 am - 1:00 pm _____ 1:00 pm - 2:30 pm
(Please arrive 5-10 minutes early for check in)

W9 Emailed: _____ Date Emailed: _____ Copy Attached: _____ CMS Initial: _____

Cost per child:

\$9.00 per child

Adults/Parents- (LIMIT 1 ADULT PER CHILD FREE) (ADDITIONAL ADULTS \$5 PER PERSON)

Teachers/Aides/School Personnel-Free

***Siblings cannot be part of your group if not part of the class and museum membership cannot be used for field trip.**

Method of transportation (# if known) _____ Personal vehicles _____ Vans _____ Buses.

____ I (the teacher) have read and understand the payment/cancellation policies.

Teacher Name (please print) _____ Teacher Signature _____ Date _____

____ I (the principal or director) have read and understand the payment, cancellation/policies.

Principal/Director Name (please print) _____ Principal/Director Signature _____ Date _____

Please contact CMS field trip coordinators to schedule a field trip:

Sion Lewey

256-284-7107

Sion.cms@gmail.com

Please mail this form to:

Children's Museum Shoals
2810 Darby Drive
Florence, AL 35630